

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	11	↔	↔	↔		
TOTAL CLAIMS	12	████████	████████	████████		

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TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████		

CLAIMS ONLY

SERIAL NO.
09/93968 C

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.	/	/	/	/	/	/
TOTAL CLAIMS	12		12		12	

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS